

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31936**  
Registrar's No. **7897**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>34</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2259</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1416 Cass</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>		b. (Middle) <b>Little</b>		c. (Last) <b>Strayhorn</b>	
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Col.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14, 1950</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 1896</b>		9. AGE (In years last birthday) <b>53</b> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Lee County, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? -----		13a. FATHER'S NAME <b>Thomas Little</b>		13b. MOTHER'S MAIDEN NAME <b>Rachel (unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>William Strayhorn</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME <b>William Mays</b>		ADDRESS <b>1507 No. 14th</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -----			
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>334X</b>	
22. I hereby certify that I attended the deceased from <b>Aug 31</b> , 19 <b>50</b> , to <b>9-14</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-14</b> , 19 <b>50</b> , and that death occurred at <b>6-2</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Walter G. Young MD</b>		(Degree or title)		23b. ADDRESS <b>3337 Market</b>	
23c. DATE SIGNED <b>9/16/50</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis Miss.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/18/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	
24d. DATE REC'D BY LOCAL REG. <b>SEP 18 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R.M.C. Green</b>	
ADDRESS <b>3517 Leclerc</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Melvin E. Green*

Licensed Embalmer No. \_\_\_\_\_

*4428*

P. O. Address \_\_\_\_\_

*ST. Louis, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.